

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed for which a patent is sought on the invention entitled STERILE TRANSFER BATTERY CONTAINER

the specification of which

☐ is attached hereto  
☐ was filed on \_\_\_\_\_ as  
 Application Serial No. \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the declaration.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business to the Patent and Trademark Office connected therewith: Gene Warzecha, Reg. No. 28,919. Address all correspondence to Gene Warzecha, c/o Linvatec Corporation, 11311 Concept Boulevard, Largo, Florida 33773 at Telephone (727) 399-5295.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application S.N.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

_____	_____	_____
(Application S.N.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor B. ALEX BARLEV

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence (Town and State) LARGO, FLORIDA 33771

Citizenship U.S.A.

Post Office Address 225 COUNTRY CLUB DRIVE, UNIT D-337, LARGO, FLORIDA

Full name of second joint inventor, if any WALTON LANE ECTOR, JR.

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence (Town and State) SEMINOLE, FLORIDA 33777

Citizenship U.S.A.

Post Office Address 8060 CRANBROOK COURT, SEMINOLE, FLORIDA

Full name of third joint inventor, if any JOEPERT R. LIM  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence (Town and State) PALM HARBOR, FLORIDA 34683  
Citizenship U.S.A.  
Post Office Address 1342 SADDLE COURT, PALM HARBOR, FLORIDA

Full name of fourth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence (Town and State) \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence (Town and State) \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence (Town and State) \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence (Town and State) \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_